CONCURRENCE IN SENATE AMENDMENTS
AB 350 (Bonta)
As Amended August 20, 2026
Majority vote

SUMMARY

Expands coverage for fluoride varnish without cost-sharing for children in a primary care setting in full-service commercial health plans and insurance policies, clarifies Medi-Cal coverage for the same, and modifies Medi-Cal coverage policy to allow reimbursement when the varnish is physically applied by nonclinical personnel otherwise authorized by law to apply it.

Senate Amendments

1) Apply specific requirements for commercial coverage of fluoride varnish only to plans and insurers that already cover fluoride varnish as a pediatric oral care benefit.

2) Change the effective date for commercial coverage to January 1, 2027.

3) Clarify that Medi-Cal coverage for Medi-Cal managed care plans is defined through Medi-Cal-specific code sections and is not governed by statute that otherwise applies to commercially licensed plans.

4) Specify that if the requirements create an obligation on the state to defray costs for any individual covered by commercial coverage, that the specific requirements for commercial coverage of fluoride varnish will no longer apply.

5) Recast language describing Medi-Cal coverage requirements for fluoride varnish, including defining training requirements when a licensed health professional is reimbursed for the application of fluoride varnish by a trained person under their supervision, and specify fluoride varnish is covered with no restriction on “place of service.”

6) Require the Department of Health Care Services (DHCS) to issue billing guidance related to Medi-Cal coverage for fluoride varnish, in compliance with these changes, no later than July 1, 2027.

COMMENTS

Children's Oral Health in California. Untreated dental cavities or carious lesions resulting from dental caries can lead to pain, sensitivity, abscesses, and subsequent tooth loss. Among young children, it can further lead to delayed eruption or malformation of permanent teeth. Dental caries is the most common chronic condition in the pediatric population in the United States. As noted above, the 2018 survey (Smile Survey) by the Department of Public Health (DPH) found that 61% of California children in third grade experienced dental cavities, higher than the national median of 53%.

Fluoride Varnish. Fluoride is a mineral that helps to prevent cavities and to heal early cavities. Fluoride varnish is used to maintain high fluoride contact with the tooth for approximately 12 hours. The application, which requires minimal training, averages less than two minutes to "paint" the tops and sides of teeth using a small brush. Fluoride varnish has not been associated with harms that can be caused by excessive fluoride exposure, such as dental fluorosis.

Recommendations for Fluoride Varnish. The California Oral Health Plan 2018–2028 (Plan) issued by the DPH Office of Oral Health highlights the application of fluoride varnish in primary care and community-based settings as a key preventive strategy. A number of professional organizations have issued recommendations related to fluoride varnish.

Medi-Cal. Medi-Cal covers fluoride varnish in the dental and medical setting, as described below. In the dental setting, fluoride varnish is covered as a preventive Medi-Cal dental benefit (reimbursable to a dental professional), for both children and adults. In the *medical setting,* Medi-Cal provides preventive services benefits in accordance with United States Preventive Services Task Force (USPSTF) A and B recommendations and the Bright Futures/AAP Periodicity Schedule. On that basis, consistent with those recommendations, Medi-Cal covers the application of fluoride varnish when provided in a medical setting for Medi-Cal beneficiaries ages zero to five. However, Medi-Cal is also subject to federal requirements under early and periodic screening, diagnostic, and treatment (EPSDT). Under EPSDT, if a child has a medical necessity for fluoride varnish in a medical setting, Medi-Cal would be obligated to cover the service regardless of the age of the child. The Medi-Cal provider manual, however, does not provide guidance on billing for ages six to 20 in a medical setting.

Commercial Coverage. Coverage of fluoride varnish applied in medical settings for children age five years and younger is thus required because of the American Academy of Pediatrics (AAP) and USPSTF's applicable recommendations, as noted above.

California Health Benefits Review Program (CHBRP) Analysis. CHBRP's analysis of the insurance mandate portion of this bill includes the following:

1) *Enrollees covered.* CHBRP assumes that 100% of enrollees have coverage for fluoride varnish when applied in a primary care setting for enrollees aged zero to five years in accordance with state and federal law. For fluoride varnish applied to enrollees aged six to 20 years in medical settings, CHBRP estimates approximately 1.5% of enrollees in commercial/CalPERS plans and policies and 17% of Medi-Cal beneficiaries have coverage at baseline. Postmandate, all enrollees would have coverage for fluoride varnish provided in a medical setting for children aged 20 years and younger.

    a) *Utilization.*

        i) *Medi-Cal.* Postmandate, for enrollees aged six to 20 years, CHBRP estimates utilization would increase by 112,800 applications for a total of 121,800 applications being billed in the first year.

        ii) *Commercial.* Postmandate, for enrollees aged six to 20 years, CHBRP estimates there would be approximately 27,800 billed applications of fluoride varnish in the medical setting in the first year.

    b) *Impact on expenditures.* CHBRP estimates this bill would increase net expenditures in California (including Medi-Cal and commercial plans) by $3.2 million.

    c) *Other.* Overall, CHBRP found strong evidence of the medical effectiveness of fluoride varnish. CHBRP estimates a limited but positive public health impact. CHBRP notes obtaining successful reimbursement for fluoride varnish claim submissions could motivate the adoption of oral health assessments at well-child visits, and a modest

increase in utilization rates. CHBRP finds this bill could potentially result in a reduction of 5,800 cavities among the 27,100 new users aged six to 20 years with commercial/CalPERS coverage and a reduction of 24,200 cavities among the 112,800 new users aged 6 to 20 years with Medi-Cal. This would potentially result in a reduction in expenditures for commercial dental insurers and enrollees of $660,000 and a reduction in expenditures for the Medi-Cal dental program of $1,508,000 over a four year period.

According to the Author
Fluoride varnish is a safe, inexpensive, and effective dental intervention that can help prevent tooth decay. However, current Medi-Cal policy, as printed in the Medi-Cal provider manual, is unnecessarily restrictive. First, Medi-Cal policy requires a qualified health professional to "hold the brush" when applying fluoride varnish, making it more difficult and costly to incorporate into primary care and public health settings. In addition, the author indicates commercial insurance only covers fluoride varnish in the primary care setting for children under the age of five, which leaves out other children who could benefit from this preventive intervention, and Medi-Cal policy guidance is unclear on the expansiveness of current coverage. The author states this bill will enhance coverage of fluoride varnish in the primary care setting, which will encourage more pediatric providers to incorporate into their workflow, *and make it easier for dental, medical, and school-based care providers to offer fluoride varnish.*

Arguments in Support
A large number of dental providers; consumer, health, and children's advocates, community-based organizations and foundations, and the Dental Hygiene Board of California write in support of this bill. Supporters state that allowing more children to benefit from topical fluoride varnish application could lead to overall improved oral health outcomes for a higher number of children and youth and keep them in school ready to learn. Supporters note cavities are the most common chronic, yet largely preventable condition, experienced by children.

Arguments in Opposition
Serving Family Values Alliance writes with concern that this bill will benefit health care providers over children and risk exposing children to dangerous amounts of fluoride. California Association of Health Plans and the Association of California Life and Health Insurance Companies write in general opposition to a list of bills mandating coverage of various health care benefits.

FISCAL COMMENTS

According to the Senate Committee on Appropriations, DHCS estimates the following costs:

1) *Ongoing costs of $156,000 ($78,000 General Fund and $78,000 federal funds) in 2025-26 and $147,000 ($74,000 General Fund and $73,000 federal funds) in 2027-28 and annually thereafter for state operations to create new policies and billing guidelines to expand fluoride varnish coverage to include a broader range of providers who may apply fluoride varnish in primary care and public health settings.*

2) *Indeterminate costs due to increased utilization of services. The fiscal impact to the Medi-Cal program is indeterminable as there are no active medical billing codes for the application of fluoride varnish and supplementation for members six to 20 years of age in the primary care setting. Additionally, it is difficult to determine the utilization rate for this new benefit being performed in a primary care setting, particularly since this is a covered Medi-Cal benefit in*

dental settings. For the application of topical fluoride varnish for children zero to five years of age, the Medi-Cal program typically reimburses at $18 per application in the primary care setting. As of December 2024, there were approximately 4.1 million Medi-Cal members aged six to 20 years. If five percent (206,250) of them received one fluoride varnish in the primary care setting per year and DHCS paid $18 per application, DHCS estimates the annual, ongoing cost at approximately $3.7 million ($1.85 million General Fund and $1.85 million federal funds).

The Department of Managed Health Care (DMHC) estimates minor and absorbable costs.

The California Department of Insurance (CDI) estimates costs of $3,000 in 2025-26 and $16,000 in 2026-27 for state administration (Insurance Fund).

Unknown ongoing General Fund costs, potentially low tens of thousands, due to increases in CalPERS plan premiums.

VOTES:

ASM HEALTH: 14-0-2
YES: Bonta, Chen, Addis, Aguiar-Curry, Rogers, Carrillo, Flora, Mark González, Krell, Patel, Patterson, Celeste Rodriguez, Sharp-Collins, Stefani
ABS, ABST OR NV: Sanchez, Schiavo

ASM APPROPRIATIONS: 13-0-2
YES: Wicks, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta
ABS, ABST OR NV: Sanchez, Tangipa

ASSEMBLY FLOOR: 75-1-3
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO: DeMaio
ABS, ABST OR NV: Bennett, Sanchez, Tangipa

UPDATED

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